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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90030 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26449

1. Corporation Name
G. D. SEARLE & CO.

Principal Place of Business 5200 OLD ORCHARD ROAD SKOKIE IL 60077	Mailing Address 5200 OLD ORCHARD ROAD ATTN: TAX DEPARTMENT SKOKIE IL 60077 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1989

4. FEI Number

36-3399885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DESCHUTTER, R U	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MICHELSON, J	
STREET ADDRESS	5200 OLD ORCHARD RD	
CITY-ST-ZIP	SKOKIE IL 60077	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BOGOMOLNY, R. L.	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	FEDERER, R.E.	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, R.B.	
STREET ADDRESS	800 N LINDBERGH BLVD	
CITY-ST-ZIP	ST. LOUIS MO	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REDING, N.L.	
STREET ADDRESS	800 N LINDBERGH BLVD	
CITY-ST-ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	V&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HELLER, A.L.	
5.3 STREET ADDRESS	5200 OLD ORCHARD ROAD	
5.4 CITY-ST-ZIP	SKOKIE, IL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R E Federer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

(847) 581-6897

Daytime Phone #

CR2E034 (11/98)